



PTO/SB/52 (07-03)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 213201.00186	
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>HUSKY INJECTION MOLDING SYSTEMS, LTD.</u> and the title of my position with said assignee is: _____ The entire title to the patent identified below is vested in said assignee.			
Inventor Pierre GLAESENER		Citizenship LU	
Residence/Mailing Address 40 Rte de Mersch L-7780 Bisson Luxembourg			
Inventor		Citizenship	
Residence/Mailing Address			
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.			
Patent Number 6,439,876		Date of Patent Issued 08/27/2002	
Title of Invention INJECTION MOLDING MACHINE HAVING A PLATEN FOR UNIFORM DISTRIBUTION OF CLAMPING FORCES			
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: _____ the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>October 30, 2003</u> as reissue application number <u>10</u> / <u>696,509</u> and was amended on <u>October 30, 2003</u> (If applicable) I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. <input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input checked="" type="checkbox"/> by reason of a defective specification or drawing. <input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.			

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional)	
<p>At least one error upon which reissue is based is described as follows:</p> <p style="margin-left: 40px;">Column 3, line 61, delete "second stationary platen" and insert therefor "clamp block"</p> <p>Every error in the patent which was corrected in the present reissue application, and is not covered by a prior oath/declaration submitted in this application, arose without any deceptive intention on the part of the applicant.</p>			
<p>I hereby appoint:</p> <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> Practitioners at Customer Number: <div style="border: 1px solid black; padding: 2px 20px; margin-left: 10px;">27160</div></div> <p style="margin-left: 40px;">OR</p> <div style="display: flex; align-items: center;"><input type="checkbox"/> Practitioner(s) named below:</div>			
Name		Registration Number	
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>			
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> Customer Number: <div style="border: 1px solid black; padding: 2px 20px; margin-left: 10px;">27160</div></div> <p style="margin-left: 40px;">OR</p> <div style="display: flex;"><div style="flex: 1;"><input type="checkbox"/> Firm or Individual Name</div><div style="flex: 3; height: 20px;"></div></div> <div style="display: flex;"><div style="flex: 1;">Address</div><div style="flex: 3; height: 20px;"></div></div> <div style="display: flex;"><div style="flex: 1;">Address</div><div style="flex: 3; height: 20px;"></div></div> <div style="display: flex;"><div style="flex: 1;">City</div><div style="flex: 1; height: 20px;"></div><div style="flex: 1;">State</div><div style="flex: 1; height: 20px;"></div><div style="flex: 1;">Zip</div><div style="flex: 1; height: 20px;"></div></div> <div style="display: flex;"><div style="flex: 1;">Country</div><div style="flex: 3; height: 20px;"></div></div> <div style="display: flex;"><div style="flex: 1;">Telephone</div><div style="flex: 1; height: 20px;"></div><div style="flex: 1;">Fax</div><div style="flex: 1; height: 20px;"></div></div>			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
<p>Full name of person signing (given name, family name)</p> <p style="margin-left: 40px;"><i>Dick Schuman - V.P. Corporate Affairs</i></p>			
Signature		Date	
<p>Address of Assignee</p> <p style="margin-left: 40px;">500 Queen Street, South, Bolton, Ontario CANADA L7E 5S5</p>			